



The National Institute For The Study

## Prevention and Treatment of Sexual Trauma

PATIENT NAME:

MULLIS, GARY

DATE:

11.9.93

Date	Time	
		The attending physician was available and continues to provide supervision for the patients on an ongoing basis.
		Progress Note <span style="float: right;"><input type="checkbox"/> Off Week</span>
		<p>H. reports general status is stable. He denies inappropriate urges / cognitions. H. reports his trial has been postponed until 1994 as the State's Attorney continues to work on a plea bargain proposal. He remains ANXIOUS about same. H. visited w/ his 7 1/2 son (Victim) in a supervised setting last wk. He is concerned as his ex-wife is "trying to turn the boy against him". H. is both angry &amp; concerned for his ex-wife. He continues to grieve the "loss of his family". H. displays increased insight regarding his present status. Rec. he use a personal journal to focus on same. No other problems were presented. Will continue to follow case.</p>
		Therapist Signature: J. Lehmann M000377cpc, #

National  
Institute  
for the Study,  
Prevention and  
Treatment of  
Sexual Trauma

104 E. Biddle Street  
Baltimore, MD 21202  
Phone: (410) 539-1661  
Fax: (410) 539-1664

Progress Note

Patient Name: NOLLS, GARY

Date: 3.24.94

Off Week: \_\_\_\_\_

Director:  
Fred S. Burke, BS, MA, MD, PhD, PA

Associate Director:  
Kathryn Thomas, RN, MS

Therapists:  
Phyllis Burke, MA  
Patricia Cohn, MSW, LCSW  
Joseph Furmanek, MA, NCC, CPC  
Andrea Kello, RN, MS, CS  
Sherry Luma, RN, MS, CS  
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Randy Miller, PhD  
Megan A. Mulvaney, BS, MS  
Lynn Roper, MA

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Research Assistant:  
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Cory Schmitt, Esq.

Frank A. Sander, MD

Harold G. Vengas, M. Ed.

Phyllis Cohn, BA, MA

initial individual session: P.I.P.

Pt. is seen for initial individual treatment session. He will continue to attend group therapy qw & as directed @ our CTR.

Pt. had been in treatment @ [REDACTED] from June 93 to Feb. 94. He wanted to see this wither go. Pt. felt "a need for a fresh look @ his sexual disorder on a one to one basis".

Pt. reports general status is adequately stable. He denies inappropriate urges/cognitions.

Pt. continues to seek employment w/o success. Family/home area is stable, where his father & a few friends are supportive.

He is mildly to moderately depressed about his current status & noted ANXIETY about the future. Pt. continues to ruminate over his losses i.e., wife, family, employment, home, community respect & self respect.

He fears incarceration as he awaits his sentencing hearing.

Therapist: Joseph Furmanek MA, NCC, CPC, PA.

000378

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104 E. Middle Street  
Baltimore, MD 21202  
Phone: (410) 539-1661  
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**Progress Note**

Patient Name: Mullis, Gary

Date: 3-24-94

Off Week: \_\_\_\_\_

**Director:**

Fred S. Berlin, BS, MA, MD, PhD, PA

**Associate Director:**

Kathryn Goodwin, RN, MS

**Therapists:**

Phyllis Burke, MA

Patricia Cline, MSW, LCSW

Joseph G. Gorman, MA, NCC, CPC

Andrea Adams, RN, MS, CS

Shelly Kline, RN, MS, CS

Kathleen Adams, BA, MA

Randy Miller, PhD

Monica A. Mendenhall, BS, MS

Lisa Grosse, MA

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**Research Assistant:**

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**Research Assistant:**

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A. Gorman Gorman, PhD

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Gary Gorman, BS

Frank A. Gorman, MD

Harold A. Gorman, Jr., MD

Phyllis Gorman, BA, MA

cont.

P2 of P

Most recently Pt. is frustrated @ not being selected by the Port Authority position. He fears his offense may dissuade employers from hiring him. Pt. has a natural need to have others believe his remorse & shame.

Pt. reviewed his inappropriate sexual contact w/ adopted son [REDACTED] which occurred by 7 MTHS. approx. 12 times. The activity focused on genital touching & fellatio on the victim.

Pt. continues w/ supervised visitation w/ his son; which is of major importance to him.

Pt. states he never had sexual thoughts about his son prior to or after the 7 MTH. period.

We also reviewed some factors related to same i.e. isolation, failing marriage, lack of communication w/ adults, general stress, loneliness, inadequacy, impulsivity & confusion.

(OVER)

Therapist: Joseph Gorman, MA, NCC, CPC, BA

000379

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Progress Note

Patient Name: Mullis, Gary

Date: 11.19.93

Off Week: \_\_\_\_\_

Director:

Fred S. Berlin, BS, MA, MD, PhD, PA

Associate Director:

Kathryn Thomas, RN, MS

Therapists:

Phyllis Burke, MA  
Pamela Cade, MSW, LCSW  
Joseph Fuhrmaneck, MA, NCC, CPC  
Andrea Kelso, RN, MS, CS  
Shelly Lurie, RN, MS, CS  
Katherine Meyers, BA, MA  
Randi Miller, PhD  
Mutee A. Mulazim, BS, MS  
Luis Rosell, MA

Consultant:

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Research Associate:

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Jonas Rapoport, MD  
Robert L. Spitzer, MD  
Gary Ticknor, Esq.  
Frank L. Valcor, MD  
Henry N. Wagner, Jr., MD  
Phyllis Ward, BA, MAT

H. reports general status is stable. He denies inappropriate urges / cognitions. Pt continues to seek employment & has an interview in Federal Express Co in Dec. 94. His depression varies in part due to concern for his son who "may be action out sexually in his neighborhood". His ex-wife per H's attorney informed the State Attorney of same recently. H. has direct communication & ex-wife & son. He is feeling guilt about his prior behavior & son. His remorse is seen as genuine. No other problems were presented. Will continue to follow case.

Therapist: Joseph Fuhrmaneck

MA, NCC, CPC, PA.

000380



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Robert L. Spitzer, MD  
Gary Ticknor, Esq.  
Frank L. Valcor, MD  
Henry N. Wagner, Jr., MD  
Phyllis Ward, BA, MAT

**Progress Note**

Patient Name: Mullis, Gary  
Date: 11/23/93 Off Week: \_\_\_\_\_

PT. reports general status is stable. He denies inappropriate urges/cognitions. PT. continues to seek employment & H. success. His trial has been scheduled for Feb. 94. His attorney is hopeful. PT. will see son (victim) on Sat. for one hr. supervised visitation. He remains concerned for the boys welfare & "possible sexual acting out in neighborhood." PT. wants to be close to son & help whenever he can. He feels strong remorse & guilt about his behavior. No other major problems were presented. Will continue to follow case.

Therapist: Joseph Fuhrmaneck MA, NCC, CPC, PA.

000381

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Treatment of  
Sexual Trauma**

104 E. Biddle Street  
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Phone: (410) 539-1661  
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**Progress Note**

Patient Name: Mullis, Gary

Date: 11/30/93

Off Week: \_\_\_\_\_

**Director:**

Fred S. Berlin, BS, MA, MD, PhD, PA

**Associate Director:**

Kathryn Thomas, RN, MS

**Therapists:**

Phyllis Burke, MA  
Pamela Cade, MSW, LCSW  
Joseph Fuhrmaneck, MA, NCC, CPC  
Andrea Kelso, RN, MS, CS  
Shelly Lurie, RN, MS, CS  
Katherine Meyers, BA, MA  
Randi Miller, PhD  
Milee A. Muzum, BS, MS  
Luis Rosell, MA

**Consultant:**

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**Research Associate:**

Greg Letina, PhD

**Research Assistant:**

Patricia Anthony, BA

**Administrative Staff:**

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Bernadine Missouri

**Chief Legal Counsel:**

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A. Nicholas Groth, PhD  
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Fay Honey Knopp  
Richard Lawlor, Esq.  
Michael Meisheimer  
Hon. Thomas J. Middleton  
Jerome G. Miller, DSW, LCSW  
John C. Nemah, MD  
P. Gayle O'Callaghan, PsyD  
Jonas Rapoport, MD  
Robert L. Spitzer, MD  
Gary Ticknor, Esq.  
Frank L. Valcor, MD  
Henry N. Wagner, Jr., MD  
Phyllis Ward, BA, MAT

Pt. reports general status is marginally stable & increased depression. He is lonely & the holidays are exacerbating this condition. It is difficult for Pt. to accept his sexual abuse of son. He is not comfortable about children secondary to shame. Pt. experienced one episode of suicidal ideation w/o a plan last wk. He presently denies same. He is frustrated as he continues to not succeed in his job search efforts. He reviewed his family's dysfunctional hx. & comment on his development. Pt. is also concerned as he fears neighbors' attorneys are leary of his presence in the community. No other problems were presented. Will continue to follow case.

Therapist: Joseph Fuhrmaneck MA, NCC, CPC, PA.

000382

**NATIONAL INSTITUTE FOR THE STUDY, PREVENTION  
AND TREATMENT OF SEXUAL TRAUMA  
INDIVIDUAL TREATMENT PLAN - SEXUAL DISORDERS PATIENTS**

PATIENT'S NAME: GARY Mullis 9 M  
 DATE ITP COMPLETED: 3.8.99  
 DATE OF FIRST GROUP ATTENDANCE: 8.10.93  
 THERAPIST: Fuhrman  
 PATIENT'S LIVING ARRANGEMENTS: Lives w wife  
 CONTACT PERSON (OPTIONAL): 0  
 CURRENT MEDICATIONS: 0  
 COLLATERAL TREATMENT: 0  
 LEGAL STATUS: Probation  
 DIAGNOSIS - AXIS I: H/o Pedophilia 8 type. Now Exclusive. H/o Adj. Dis. & Depressed  
 DIAGNOSIS - AXIS II: Dependent Personality Traits by Hx. (Anx. Mood.  
 DIAGNOSIS - AXIS III: H/o Hypertension  
 DIAGNOSIS - AXIS IV: Economic. Occupational  
 DIAGNOSIS - AXIS V: 80

The following five point system is meant to be an estimate of how much progress has been achieved on each goal and to direct treatment for the next six months.

**PRIMARY GOALS**

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
1. Discontinue inappropriate sexual behavior.  1      2      3      (4) + 5 No progress      Much progress  Rating by therapist	Admit to all inappropriate sexual behavior.  Take responsibility for inappropriate sexual behavior.  Disclose inappropriate sexual fantasies, attitudes and beliefs. ✓	Personal Inventory  Ongoing self-disclosure ✓  Sexual history  Presenting sexual history to group  Individual/group discussion of responsibility ✓
Therapist comments:		



<p>2. Identify, challenge and change dysfunctional thinking patterns; e.g. denial, minimizations, etc.</p> <p>1    2    3    4    (5) No progress                  Much progress</p> <p>Rating by therapist</p>	<p>Identify defense mechanisms and thinking errors used to maintain dysfunctional thinking patterns.</p> <p>Reduce defensiveness which interferes with the therapy process.</p> <p>Revise cognitive distortions and dysfunctional thinking process and fantasies.</p> <p>Reduce inappropriate sexual arousal.</p>	<p>Individual/group therapy involving disclosure about assaultive/compulsive fantasies, thoughts and behaviors</p> <p>Personal Inventory</p> <p>Medication (as needed)</p> <p>Rational-emotive therapy (identifying cognitive distortions and irrational thoughts and developing more realistic and healthy ways of perceiving and thinking ✓)</p> <p>Education on defense mechanisms, criminal thinking, rational-emotive therapy, etc.</p> <p>Medication as needed</p>
<p>Therapist comments:</p>		

<p>3. Identify inappropriate sexual behavior pattern/cycle.</p> <p>1    2    3    4    (5) No Progress                  Much Progress</p> <p>Rating by therapist</p>	<p>Identify precursors to inappropriate sexual behavior (attitudes, emotions, thoughts, behaviors). ✓</p> <p>Identify non-sexual motivations underlying inappropriate sexual behavior. ✓</p> <p>Identify situational factors which may have contributed to inappropriate sexual behavior. ✓</p> <p>Identify inappropriate sexual behavior and post-inappropriate sexual behavior thinking and behavior in detail. ✓</p> <p>Disclose and discuss sexual fantasies, use of erotica, etc. ✓</p>	<p>Education on sexual disorders, paraphilias</p> <p>Individual/group therapy (practice ongoing self-disclosure, receiving/integrating feedback, listening to others, giving feedback) ✓</p> <p>Sexual history</p> <p>Develop list of triggers. ✓</p>
<p>Therapist comments:</p>		

<p>4. Develop victim empathy and understanding of consequences of behavior.</p> <p>1      2      3      4      ⑤ No progress      Much progress</p> <p>Rating by therapist</p>	<p>Demonstrate awareness of the impact of sexually inappropriate behavior upon victims.</p> <p>Build conscience; develop sense of guilt over wrongdoing.</p> <p>Make amends either indirectly or directly.</p> <p>Demonstrate ability to empathize with others.</p>	<p>Education on victim impact (lectures, video, reading, etc.)</p> <p>Individual/group therapy to discuss victim impact ✓</p> <p>Explore one's inappropriate sexual behavior from the victim's perspective</p> <p>Letter to victim (if appropriate)</p> <p>Family Therapy (if appropriate)</p>
<p>Therapist comments:</p>		

<p>Develop a relapse-prevention plan</p> <p>1      2      3      ④+      5 No progress      Much progress</p> <p>Rating by therapist</p>	<p>Identify high risk situations (both external and internal). ✓</p> <p>Develop interventions to prevent progression to sexually inappropriate behavior. ✓</p>	<p>Individual/group therapy addressing identification of high risk situations and development of interventions</p> <p>Relapse prevention education through lectures, workbooks, etc.</p> <p>Identify and develop a support system. ✓</p> <p>Develop relapse-prevention strategies ✓</p>
<p>Therapist comments:</p>		

NOTE: The following are considered additional goals, methods and objectives for sex offender treatment programming. They may be necessary and appropriate for some patients. (Note N/A if not applicable to patient.)

### ADDITIONAL GOALS

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
<p>1. Address chemical dependency issues through twelve step program or other professional substance abuse treatment program (for those who are chemically dependent).</p> <p>1    2    3    4    5 No progress    Much Progress</p> <p>Rating by therapist.</p>	<p>Maintain abstinence from mood-altering chemicals.</p>	<p>Education about disease concepts of chemical dependency and other chemical dependency topics</p> <p>Chemical dependency therapy group</p> <p>Chemical dependency assignments; chemical history; list of consequences of one's abuse of chemicals; self-assessment; completion of first five steps of AA/NA</p> <p>Involvement in AA/NA</p> <p>Urine for toxicology</p> <p>Ongoing twelve step work</p> <p>Medications</p>
<p>Therapist comments: <u>N/A</u></p>		

<p>2. Develop responsible, supportive relationships.</p> <p>1    2    3    4    5 No progress    Much progress</p> <p>Rating by therapist</p>	<p>Examine current relationships with peers and one's pattern of relating to others. ✓</p> <p>Improve communication and relationship skills. ✓</p>	<p>Education on the nature of healthy, supportive, non-exploitive and non-violent relationships.</p> <p>Form relationships with other community members. ✓</p> <p>Demonstrate skills at conflict resolution</p> <p>Social skills training</p> <p>Assertiveness training ✓</p> <p>Anger management training</p> <p>Sexuality education</p>
---	--	---

Therapist comments: \_\_\_\_\_

## 3. Address family of origin work.

1      2      3      4      5  
 No progress                  Much progress

Rating by therapist

Education on family of origin issues  
 (include incest, adult children of  
 alcoholics, etc.).

Explore dynamics in family of origin.

Become aware of and begin healing  
 process surrounding issues in one's  
 family of origin.

Individual/group therapy involving  
 disclosure about family of origin and  
 history of personal victimization

Family therapy if possible and  
 appropriate

Therapist comments: \_\_\_\_\_

N/A

## 4. Address family/significant other issues.

1      2      3      4+      5  
 No progress                  Much progress

Rating by therapist

Identify family/significant other  
 issues, family/significant other goals.

Work toward building family  
 structure that will be supportive of  
 patient's treatment goals and will  
 allow confrontation of patient on  
 negative or high-risk behaviors.

Improve communication patterns  
 within family, with significant other.

Letters to family, concerned relatives  
 and friends

Discussion of family issues/significant  
 other in group therapy

Family therapy

Significant other/couples work

Therapist comments: \_\_\_\_\_

ADDITIONAL GOALS	SPECIFIC OBJECTIVES	METHODS
Continue to improve self esteem		Group - TX.
Reconnect with victim in TX. sessions when possible & appropriate		" "

ADDITIONAL CONCERNS:

H. continuing to benefit from Tx. experience.  
He may allocate 2 wks this yr. due to her career demands.

DISCUSSION OF TREATMENT PLAN WITH PATIENT

I have discussed this Individual Treatment Plan with G. Mullis on 3/20/99  
The discussion included the therapeutic goals and the persons responsible for treatments.

Joel Fuhrman  
Psychotherapist Signature

3.30.99  
Date Signed

PATIENT COMMENTS:

I have read and understand this Individual Treatment Plan.

Denise G. Sawyer  
Patient Signature

3/30/99  
Date Signed

Denise G. Sawyer  
Denise G. Sawyer, Office Administrator

4-3-99  
Date Signed

Fred S. Berlin  
Fred S. Berlin, M.D., Ph.D., Director

4/14/99  
Date Signed



**NATIONAL INSTITUTE FOR THE STUDY, PREVENTION  
AND TREATMENT OF SEXUAL TRAUMA  
INDIVIDUAL TREATMENT PLAN - SEXUAL DISORDERS PATIENTS**

PATIENT'S NAME: GARY KOLLIS  
 DATE ITP COMPLETED: 1.20.98  
 DATE OF FIRST GROUP ATTENDANCE: 8.10.93 90W  
 THERAPIST: FURHMECK  
 PATIENT'S LIVING ARRANGEMENTS: LIVES E PARENT  
 CONTACT PERSON (OPTIONAL): \_\_\_\_\_  
 CURRENT MEDICATIONS: Ø  
 COLLATERAL TREATMENT: Ø  
 LEGAL STATUS: Probation  
 DIAGNOSIS - AXIS I: Pedophilia at type. Non Exclusive. 1/0 Adj. Dis. E Depressed & Anxious  
 DIAGNOSIS - AXIS II: Dependent Personality Traits Mood.  
 DIAGNOSIS - AXIS III: 1/0 hypertension  
 DIAGNOSIS - AXIS IV: Economic. Occupational Soc ENVIR.  
 DIAGNOSIS - AXIS V: (95 env) 70

The following five point system is meant to be an estimate of how much progress has been achieved on each goal and to direct treatment for the next six months.

**PRIMARY GOALS**

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
1. Discontinue inappropriate sexual behavior.  1    2    3    4+    5 No progress      Much progress  Rating by therapist	Admit to all inappropriate sexual behavior.  Take responsibility for inappropriate sexual behavior.  Disclose inappropriate sexual fantasies, attitudes and beliefs. ✓	Personal Inventory ✓  Ongoing self-disclosure ✓  Sexual history  Presenting sexual history to group  Individual/group discussion of responsibility
Therapist comments: _____		
_____		
_____		



<p>2. Identify, challenge and change dysfunctional thinking patterns; e.g. denial, minimizations, etc.</p> <p>1    2    3    ④ + 5 No progress                  Much progress</p> <p>Rating by therapist</p>	<p>Identify defense mechanisms and thinking errors used to maintain dysfunctional thinking patterns.</p> <p>Reduce defensiveness which interferes with the therapy process.</p> <p>Revise cognitive distortions and dysfunctional thinking process and fantasies.</p> <p>Reduce inappropriate sexual arousal.</p>	<p>Individual/group therapy involving disclosure about assaultive/compulsive fantasies, thoughts and behaviors</p> <p>Personal Inventory ✓</p> <p>Medication (as needed)</p> <p>Rational-emotive therapy (identifying cognitive distortions and irrational thoughts and developing more realistic and healthy ways of perceiving and thinking ✓)</p> <p>Education on defense mechanisms, criminal thinking, rational-emotive therapy, etc.</p> <p>Medication as needed</p>
<p>Therapist comments:</p>		

<p>3. Identify inappropriate sexual behavior pattern/cycle.</p> <p>1    2    3    4    ⑤ No Progress                  Much Progress</p> <p>Rating by therapist</p>	<p>Identify precursors to inappropriate sexual behavior (attitudes, emotions, thoughts, behaviors). ✓</p> <p>Identify non-sexual motivations underlying inappropriate sexual behavior. ✓</p> <p>Identify situational factors which may have contributed to inappropriate sexual behavior. ✓</p> <p>Identify inappropriate sexual behavior and post-inappropriate sexual behavior thinking and behavior in detail.</p> <p>Disclose and discuss sexual fantasies, use of erotica, etc. ✓</p>	<p>Education on sexual disorders, paraphilias</p> <p>Individual/group therapy (practice ongoing self-disclosure, receiving/ integrating feedback, listening to others, giving feedback) ✓</p> <p>Sexual history</p> <p>Develop list of triggers. ✓</p>
<p>Therapist comments:</p>		



<p>4. Develop victim empathy and understanding of consequences of behavior.</p> <p>1      2      3      4      ⑤ No progress      Much progress</p> <p>Rating by therapist</p>	<p>Demonstrate awareness of the impact of sexually inappropriate behavior upon victims.</p> <p>Build conscience; develop sense of guilt over wrongdoing.</p> <p>Make amends either indirectly or directly.</p> <p>Demonstrate ability to empathize with others.</p>	<p>Education on victim impact (lectures, video, reading, etc.)</p> <p>Individual/group therapy to discuss victim impact ✓</p> <p>Explore one's inappropriate sexual behavior from the victim's perspective</p> <p>Letter to victim (if appropriate)</p> <p>Family Therapy (if appropriate)</p>
<p>Therapist comments: _____</p> <p>_____</p> <p>_____</p>		

<p>Develop a relapse-prevention plan</p> <p>1      2      3      ④ + 5 No progress      Much progress</p> <p>Rating by therapist</p>	<p>Identify high risk situations (both external and internal). ✓</p> <p>Develop interventions to prevent progression to sexually inappropriate behavior. ✓</p>	<p>Individual/group therapy addressing identification of high risk situations and development of interventions</p> <p>Relapse prevention education through lectures, workbooks, etc.</p> <p>Identify and develop a support system. ✓</p> <p>Develop relapse-prevention strategies ✓</p>
<p>Therapist comments: _____</p> <p>_____</p> <p>_____</p>		





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### ADDITIONAL GOALS

OVERALL GOALS	SPECIFIC OBJECTIVES	METHODS
<p>1. Address chemical dependency issues through twelve step program or other professional substance abuse treatment program (for those who are chemically dependent).</p> <p>1    2    3    4    5 No progress    Much Progress</p> <p>Rating by therapist.</p>	<p>Maintain abstinence from mood-altering chemicals.</p>	<p>Education about disease concepts of chemical dependency and other chemical dependency topics</p> <p>Chemical dependency therapy group</p> <p>Chemical dependency assignments; chemical history; list of consequences of one's abuse of chemicals; self-assessment; completion of first five steps of AA/NA</p> <p>Involvement in AA/NA</p> <p>Urine for toxicology</p> <p>Ongoing twelve step work</p> <p>Medications</p>
<p>Therapist comments: <u>N/A</u></p>		

<p>2. Develop responsible, supportive relationships.</p> <p>1    2    3    4+    5 No progress    Much progress</p> <p>Rating by therapist</p>	<p>Examine current relationships with peers and one's pattern of relating to others. ✓</p> <p>Improve communication and relationship skills. ✓</p>	<p>Education on the nature of healthy, supportive, non-exploitive and non-violent relationships.</p> <p>Form relationships with other community members. ✓</p> <p>Demonstrate skills at conflict resolution</p> <p>Social skills training</p> <p>Assertiveness training ✓</p> <p>Anger management training</p> <p>Sexuality education</p>
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Therapist comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Address family of origin work.

1      2      3      4      5  
 No progress                  Much progress

Rating by therapist

Education on family of origin issues  
(include incest, adult children of  
alcoholics, etc.).

Explore dynamics in family of origin.

Become aware of and begin healing  
process surrounding issues in one's  
family of origin.Individual/group therapy involving  
disclosure about family of origin and  
history of personal victimizationFamily therapy if possible and  
appropriateTherapist comments: N/A  
\_\_\_\_\_  
\_\_\_\_\_4. Address family/significant other  
issues.

1      2      3      ④+      5  
 No progress                  Much progress

Rating by therapist

Identify family/significant other  
issues, family/significant other goals.Work toward building family  
structure that will be supportive of  
patient's treatment goals and will  
allow confrontation of patient on  
negative or high-risk behaviors.Improve communication patterns /  
within family, with significant other.Letters to family, concerned relatives  
and friendsDiscussion of family issues/significant  
other in group therapy ✓

Family therapy

Significant other/couples work

Therapist comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL GOALS	SPECIFIC OBJECTIVES	METHODS
Improve self esteem		Grp. Tx.
Reconnect with victim in Tx. sessions when possible & appropriate.		" "
HARRY in 1998		Grp. Support
Reduce need for approval by others.		" "





ADDITIONAL CONCERNS:

He continues to struggle w self identity as separate  
 from prior inappropriate sexual behavior pattern.  
 He is proactive in rebuilding a new life. He is  
 honest & genuine in his efforts to grow.

DISCUSSION OF TREATMENT PLAN WITH PATIENT

I have discussed this Individual Treatment Plan with G. Mullis on 1/20/98.  
 The discussion included the therapeutic goals and the persons responsible for treatments.

[Signature]  
 Psychotherapist Signature

1.20.98  
 Date Signed

PATIENT COMMENTS: I continue to put much effort in my  
 sexual thoughts, I continue to receive input I have  
 done and what must be done to continue my growth  
 and self esteem. I feel at times that getting support  
 by the institute to receive how to help a PT  
 to rejoin back to society in respect to working  
 with a PT to convince employees to work with it  
 in. Better self esteem and to convince employees  
 on the trust factor of hiring a PT who has been  
 convicted of these offenses. Have self esteem being  
 trusted in the work environment to help the PT. I was this.  
 (Kup.)

I have read and understand this Individual Treatment Plan.

[Signature]  
 Patient Signature

1/20/98  
 Date Signed

[Signature]  
 Maria C.P. Haine, M.D.

4/3/98  
 Date Signed

[Signature]  
 Fred S. Berlin, M.D., Ph.D., Director

4-5-98  
 Date Signed

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